SAHTU HEALTH AND SOCIAL SERVICES AUTHORITY

2013-14

ANNUAL REPORT

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SAHTU HEALTH AND SOCIAL SERVICES AUTHORITY

VISION, MISSION, AND VALUES

VISION: People, families, and communities of the Sahtu are mentally, emotionally, spiritually, and physically healthy, and are strengthened by the Sahtu cultures.

MISSION: To work together with individuals, families, communities, and partners to promote, maintain, and enhance the physical, mental, and social health of the people in the Sahtu, acknowledging the importance of personal spirituality to holistic health.

VALUES:

- Respect: We respect people, differences of culture, tradition, values, and privacy.
- Honesty and Openness: We serve by being honest and open, striving to earn the trust of the people we serve.
- Commitment to Education: We embrace both traditional and modern methods of education and learning, and recognize the importance of educating ourselves and the people we serve.
- Continuous Improvement: We continuously seek ways to improve the way we do things in our control, and meet or exceed national standards in all areas of operations and service delivery.
- Safety: We seek to keep the people we serve, and our employees safe.
- Creativity: We recognize that there are many roads to reach a destination. We focus on achieving the outcome, even if we have to deviate from the normal path to get there.
- Service: We serve with compassion, the people and our staff in the Sahtu.

BOARD OF TRUSTEES

Danny Bayha
Chair

Helen Squirrel
Vice Chair
Tulita Trustee

Irene Kodakin
Deline Trustee

Brenda T'Seleie
Fort Good Hope Trustee

Nicole Peter
Youth Trustee

Alvin Orlias
Colville Lake Trustee

Margaret McDonald
Norman Wells Trustee

Alphonsine McNeely
Elder Trustee

MESSAGE FROM THE CHAIR

Change is constant in health and social service care as we look to adapt to new health and wellness trends, technology, best practices, and most importantly, the needs of our community members. During 2013-14, SHSSA continued with the change it began in 2012 to increase prevention and early intervention programming in our communities, improved how we set priorities and measure how we are doing, and worked in partnership with others to reduce system barriers to care.

We also welcomed two new SHSSA Trustees, Brenda T'Seleie, Fort Good Hope, NT and Irene Kodakin, Deline, NT who bring their community's strengths and concerns forward, and said good-bye to Florence Barnaby, who served three terms as a Trustee for the community of Fort Good Hope, NT. We would like to thank Florence for her many years of service advocating for family violence programming, wellness programs for Elders, and the translation of medical terminology to North Slavey.

We are pleased to highlight three prevention and early intervention initiatives in our 2013-14 Annual Report - family violence protocols that help overcome barriers to service, healthy families programming that increases community support for parents and caregivers, and diabetes prevention that increases knowledge of diabetes signs, symptoms, and risks.

As the Board of Trustees, we have heard from our communities that addictions, homecare, and diabetes are three priorities that are important to Sahtu residents and have set these as our top three strategic priorities for 2014-16. By setting this strategic direction, we are able to focus our resources, set measurable goals, and report publically on how we are doing. We look forward to sharing our new Strategic Plan and our progress with you.

At the Joint Leadership Council (JLC), which includes the Minister and Deputy Minister of Health and Social Services, along with all of the Health and Social Service Authorities Board Chairs or Public Administrators, we continued the conversation and set the direction in how we work as one system. This includes the development of one Territorial Health and Social Services Strategic Plan, as well as exploring a model for one, integrated Territorial Health and Social Services System.

The other constant in health and social service care is our values – service with compassion, creativity, respect, education, continuous improvement, and honesty. The Board of Trustees and SHSSA employees strive to do work that has purpose, makes a difference, and reflects our organizational values. I would like to take this opportunity to thank and acknowledge the work of our community agencies, front-line staff, SHSSA Board of Trustees, and my JLC colleagues in working together to improve health and social service care in our communities and across the system.

Sincerely,

Danny Bayha
Board Chairperson

MESSAGE FROM THE CEO

Patricia Kyle - CEO

During 2013-14, SHSSA strengthened and adapted our programs and services, while we continued to learn more about family and community health and social needs. Like previous new initiatives that have become part of our regular programming, the lessons we have learned and continue to learn from developing family violence protocols, implementing healthy families programming, and increasing our diabetes prevention and support services are woven into our day-to-day actions.

Thankfully, we do not do this alone. Our staff, in partnership with other departments, organizations, families, and communities, work with care and compassion to provide community-based health and wellness services. Last year, we had over 28,000 contacts with Sahtu residents in their home, at the clinic, in the office, and out in the community. I would like to thank our clients, families, staff, and communities for sharing their stories with us so that we can continuously improve on how we provide care.

The stories we have heard, that include overcoming abuse, addictions, serious illnesses, and helping others has challenged us to change direction in how we support health and social wellbeing for Sahtu communities. With support and direction from the SHSSA Board Members, we have begun implementation of the three priorities from our 2014-16 Strategic Plan - homecare, diabetes, and addictions.

At the core of our 2014-16 Strategic Plan, is the fictional story of Esther and her family. It is a reminder of the importance of relationships and the value of working together in improving health and wellness for individuals and families. As we 'take a walk in Esther's shoes', we look forward to sharing the journey with you.

Sincerely,

Patricia Kyle
Chief Executive Officer

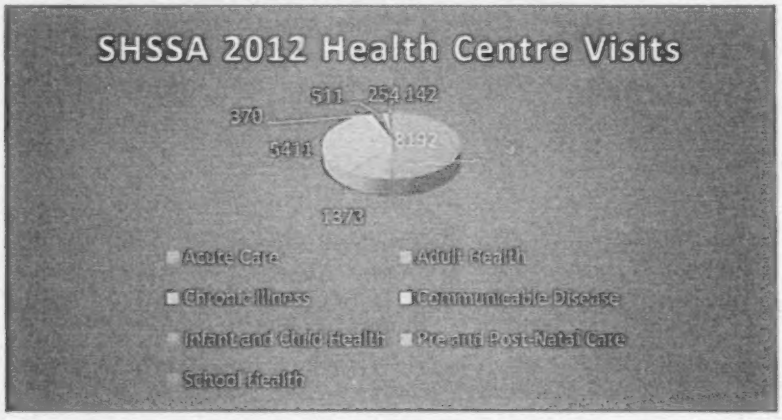
SERVICE TO CLIENTS

We have identified demands for services, and deliver core programs close to home using a team approach and good case management.

DAY-TO-DAY OPERATIONS

Each day, our health, social programs, wellness, and administration staff provide a variety of programs and services for Sahtu residents including sick clinics, emergency care, health and wellness prevention, social support for children and families, therapeutic counselling, care in a person's home, referrals to other services, among others.

NURSING, PHYSICIANS, HOMECARE



QUICK FACTS:

- From January 1, 2012 to December 31, 2012, over 2,538 people had 16,253 visits to see a Community Health Nurse
- From April 1, 2013 to March 31, 2014, there were over 2,330 visits to see a Doctor
- That the majority of visits are for Acute Care (i.e. wound care, sick clinics)
- The 2nd most common reason for visiting is Chronic Illness (i.e. diabetes, arthritis)
- From April 1, 2013 to March 31, 2014, Home Support Workers and Community Health Nurses provided over 8,000 hours of home care services for over 105 clients (i.e. meal preparation, personal care, respite care)

COUNSELLING, WELLNESS, AND SOCIAL WORK

QUICK FACTS:

- In addition to alcohol addictions, trauma, and violence in relationships, our Mental Health and Addictions Counsellors also saw individuals for support with anxiety, thoughts of suicide, parenting, and depression

- Our Community Health Reps, Prevention and Health Promotion Workers, and Healthy Family and Community Wellness Workers provide education and information on topics such as hand-washing, self-esteem, and sexual health

- The majority of work for our Community Social Workers is voluntary supports for children, youth, and their families including in-home support and resources, referrals for assessment and treatment, and parenting support

FAMILY VIOLENCE

According to the Northwest Territories 2007 Family Violence Survey, 87.5% of residents are worried about family violence in their community. Meeting the needs of victims of family violence is a shared responsibility amongst multiple groups and agencies. SHSSA, with funding from the Department of Health and Social Services, saw an opportunity to improve responses to victims of family violence and community members affected by family violence. The goal was to develop Family Violence Protocols that would:

- Provide clear and consistent support, access to community resources, and effective follow-up,
- Increase overall community awareness about family violence and available resources,
- Develop relationships with, and train community agencies about locally developed family violence protocols, and
- Improve the safety of SHSSA clients.

Over 30 people contributed to the development of Family Violence Protocols in the Sahtu, including Elders, RCMP, Educators, Health and Social Services staff, Land Corporation staff, Band Council staff, Justice Coordinators, and interested community members.

Participants shared a vision for each community to be *a healthy and safe community that does not tolerate family violence of any type.* By coming together, they hoped to enhance prevention initiatives, increase communication, improve collaboration, and become familiar with available community, regional, and territorial resources.

Family Violence Protocols were developed for Colville Lake, Deline, Fort Good Hope, Norman Wells, and Tulita. Each community identified barriers to service including:

- Fear of speaking up
- Fear of losing the caregiver/relative
- Fear of having to leave their home and family
- Fear of being alone
- Fear of losing their children

- Not knowing who is available for support
- Leaders not speaking out against family violence
- Being judged
- Some acceptance of family violence
- Being isolated by community members
- Loss of income
- Blaming women when criminal charges are laid
- Stigma of leaving a marriage
- Belief systems such as religious beliefs and cultural beliefs
- Not knowing what is family violence
- Transient staff
- Need to protect family members, especially children

Everyone acknowledged that by working together, we can reduce barriers and increase service effectiveness for all clients including children who are exposed to family violence, those who are abusive, those who were abused, and family, friends, and co-workers who are indirectly impacted by family violence. All participants desire a system that is compassionate, helpful, culturally aware and effective, and offered in a person's preferred language when possible. The development of community-specific family violence protocols is the first step.

SHSSA Counselling Team - BeAnna, Allison, Gloria, Charlotte, Michael

COMMUNITY HEALTH AND WELLNESS

We take pride in educating the public to take the initiative to live healthy, stay active and take control of their health in order to improve the overall health of the people in the Sahtu.

DIABETES IN THE SAHTU

According to the 2013 Canadian Community Health Survey, approximately 4.5% of residents of the Northwest Territories have diabetes. To increase community knowledge about diabetes prevention and to support clients living with diabetes SHSSA, with financial support from the DHSS, provided the following activities:

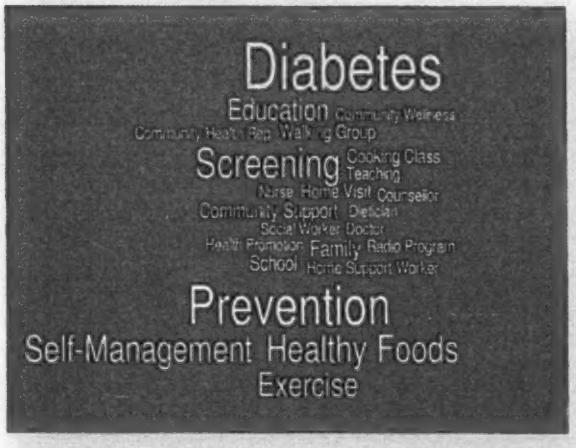
Students getting their blood-sugar tested

- 44 people participated in 5 Cooking Clubs
- 43 people participated in 3 grocery store tours learning about inexpensive healthy foods
- 89 people living with pre-diabetes and Type 3 diabetes participated in 6 diabetes clinics and of those 69 completed a personal diabetes self-management plan
- 89 people participated in 1 on 1 diabetes counselling and education
- 32 people participated in 2 community diabetes awareness events
- 5 diabetes awareness education sessions for students in grades 7-12 -136 students
- Created and taped a radio interview that included questions and answers about diabetes and healthy foods
- Staff education regarding diabetes self-management – 34 participants

In addition, the Community Health Nurses (CHN), as part of the Well Adult Clinics, offers diabetes screening for all adults according to the Canadian Diabetes Association Clinical Practice Guidelines. This includes screening for:

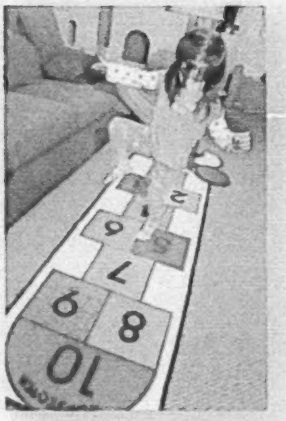
- Persons age 40+
- Persons with additional risk factors for diabetes

From January 1, 2012 to December 31, 2012, Type 2 Diabetes was the 2nd most common reason for individuals visiting the Health and Social Services Centres in Fort Good Hope, Norman Wells, and Tulita, and the number 1 reason for Deline. Diabetes was not one of the top health concerns for residents of Colville Lake visiting the Health and Social Services Centre.



Our staff work in partnership with other organizations to promote healthy living and reduce the health risks associated with diabetes. Reducing the number of newly diagnosed cases of Type 2 diabetes, and reducing the health risks for those living with Type 2 diabetes one of the 3 priorities of SHSSA's new 2014-16 Strategic Plan.

HEALTHY FAMILY PROGRAM



SHSSA has been expanding prevention services for children and families, and in 2013-14 introduced the Healthy Family Program in Fort Good Hope, NT. This program is part of the Government of the Northwest Territories Early Childhood Development Framework: Right from the Start, whose priority is supporting children in their early years develop their full potential.

The Healthy Family Program is a voluntary home visitation program for parents and caregivers of young children that:

- Nurtures the parent-child relationship
- Promotes healthy child physical, social, cognitive, and emotional development
- Promotes positive parenting
- Supports families in accessing community, regional, and territorial services

Community partnerships and support for children and families contribute to the success of the Healthy Family Program. In Fort Good Hope, NT, wellness, recreation, nursing, social work, pre-natal, education, and counselling staff have all supported the creation and development of a program unique to the community. Thank you to everyone for your support of mom and baby walking groups, pre-school groups, radio programs, and FASD awareness. We look forward to expanding the Healthy Family Program to other Sahtu communities in 2014-15.

PARENTING TIP: EMPATHETIC PARENTING ('E-PARENTING')

Teaching children about feelings and emotions every day helps them learn how to deal with their own feelings, understand the feelings of others, and how to communicate their needs.

E-PARENTING IS....

1. Asking yourself what your child is experiencing - 'My baby has a dirty diaper, is crying, and is feeling upset.

2. Putting your child's feelings into words - 'Your diaper is dirty and that is why you are feeling upset. '

3. I am doing something to help my child and I am describing what is going on - 'I am changing your diaper so that you will feel better.'

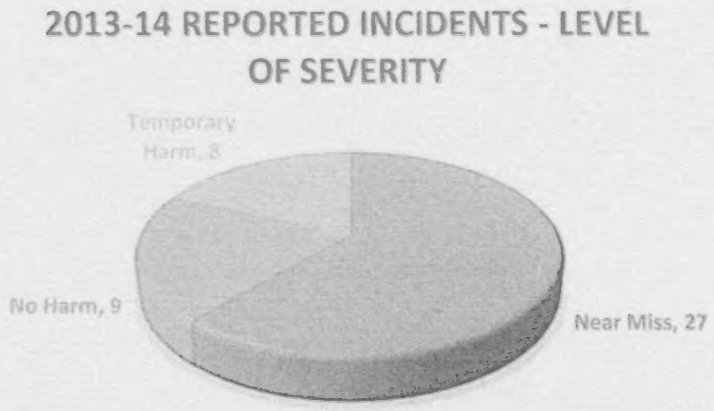
E-parenting promotes language development by speaking to your child using descriptive words. It also promotes empathy by letting the child know and feel that you understand what they are experiencing and feeling. It also reassures your child that they can depend on you and in turn feel secure and protected.

SAFETY AND SECURITY

Clients and staff of SHSSA are safe and injury free in their professional relationship with each other and in their daily lives.

QUALITY IMPROVEMENT

Making improvements in client and staff safety and care is the foundation of SHSSA's quality improvement and risk management program. Our program encourages the reporting of incidents in an environment free from blame, and uses the information to make improvements to protocols, policies, and facilities. Client and staff safety is a top priority.



During 2013-14, employees reported a total of 44 incidents. This is a substantial decrease from 90 incidents in 2012-13 and 119 incidents in 2011-12. Of the 44 incidents reported, 61% were 'near misses'.

Near misses are situations where an error happened and no harm occurred. They contribute to quality improvement by drawing attention to processes and policies that need to be enhanced. Nine of the near misses were related to medication errors. The medication errors that occurred could have led to a dangerous situation for patients, yet SHSSA employees caught the mistakes and corrected them. This is an example of how the health and social services system benefits and patient safety is improved, when errors are reported.

Noticing a trend in medication errors, our Community Health Nurses with our Manager, Health Services and Director, Health and Social Programs worked together to review existing standards and processes, identified areas of risk, changed the existing process to reduce medication risks, and provided education and training for employees about the changes.

QUICK FACT:

Our Community Health Nurses follow a 9-step process each time medication is dispensed to reduce errors:

- Patient Name
- Date of Birth
- Name of Medication
- Strength of Medication Dispensed
- How the Medication is Given
- How often the Medication is Taken
- How long the Medication is Taken
- Amount of Medication Dispensed
- Initials of Person Dispensing

Nurse In Charge - Face to Face Meeting

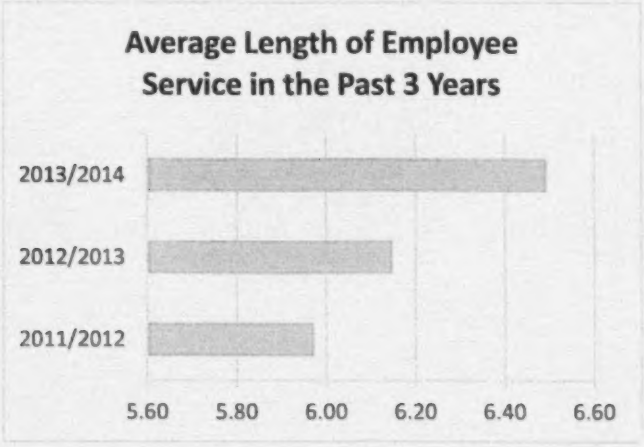
Back: Wendy, Trina, Gail, Tommy, Joanne, Marilyn
Front: Laurie, Barb

RECRUITMENT AND RETENTION

Sahtu Health and Social Services Authority is optimally staffed with a stable and healthy workforce.

EMPLOYEE LENGTH OF SERVICE

SHSSA's employee retention rates have consistently increased over the past 4 years. Since 2010 we have seen our average length of service grow from just over 5.2 years to over 6 years in 2014.



We would like to thank our employees for their creativity, compassion, flexibility, and dedication.

Rena - Community Health Rep
Marilyn - Manager of Health

Sharon
Primary Community Care Worker

Trina - Nurse In Charge

Beverly - Home Support Worker
Selina - Client Service Coordinator

Client Service Coordinators

Tommy - Nurse In Charge
Marisol - Community Health Nurse

Trudy
Primary Community Care Worker

Chuck - Physician

Marilyn - Manager of Health
Wendy - Nurse In Charge

Donald - Prevention and
Health Promotion Worker

Home Support Workers - Beverly, Lindsay, Chris, Bernadette, Faye, Suzanne, Muriel

SUSTAINABILITY

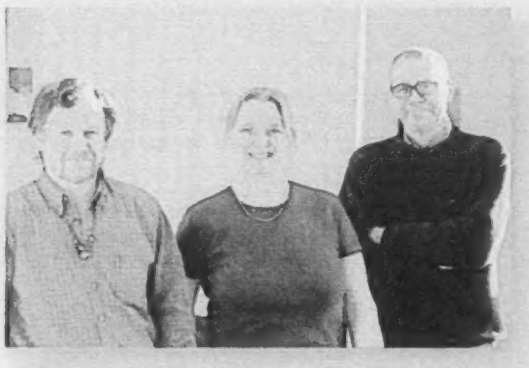
Because we have excellent management systems, we are able to make the business case to secure funding for the services our clients require.

FINANCIAL STATUS

SHSSA staff had another demanding year working towards meeting health and wellness needs within existing resources. The increase in homecare needs was managed by our existing resources, yet, the underlying conditions that impact increases continue. We have an aging population and an increase in chronic conditions. As a result, homecare will remain an area of significant pressure for the foreseeable future.

One of the main factors in our Operating Deficit was the outbreak of Tuberculosis (TB) in our region. SHSSA hired an additional full-time Community Health Nurse (CHN) to take the lead in this program. Another factor was our out-dated telephone system, which was negatively impacting emergency client care. Our phone systems were replaced in Deline, Fort Good Hope, and Tulita.

The 2013-14 deficit would have been significantly larger if it had not been for the excellent work of the Department of Health and Social Services (DHSS) in presenting the Health and Social Services Authorities (HSSA) case for underfunding in providing 24/7 service. SHSSA received an increase in funding for after-hours on-call health services.



Financial Team - Art, Paula, Norm

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INDEPENDENT AUDITORS' REPORT

To the Minister of Health and Social Services Government of the Northwest Territories

Report on the Financial Statements
We have audited the accompanying financial statements of the Sahtu Health and Social Services Authority, which comprise the Statement of Financial Position as at March 31, 2014, and the Statements of Operations, Changes in Net Financial Resources and Changes in Financial Position for the year then ended. We have also audited the revenue and expenditures of programs funded through contribution agreements by the Departments of Health and Social Services which total $250,000 or more as listed in Schedule F.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation of these financial statements in accordance with Canadian public sector accounting standards and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion of the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Basis for Qualified Opinion
The GNWT is responsible for the calculation and distribution of the salaries and wages that appear on the statement of operations, the accuracy of which is not susceptible to complete audit verification. We have satisfied ourselves that the payroll information provided by the GNWT was accurately reflected in the Agency's records.

Qualified Opinion
In our opinion, except for the matter described in the Basis for Qualified Opinion paragraph, these financial statements present fairly, in all material respects, the financial position of the Agency as at March 31, 2014 and the results of operations, net debt and changes in financial position for the year then ended in accordance with Canadian public sector accounting standards.

Report on Other Legal and Regulatory Requirements

We further report, in accordance with the Financial Administration Act, in our opinion, proper books of account have been kept by the Sahtu Health and Social Services Authority, the financial statements are in agreement therewith and the transactions that have come under our notice have, in all significant respects, been within the statutory powers of the Authority.

Avery, Cooper & Co.

Avery, Cooper & Co.
Certified General Accountants
Yellowknife, NT

June 26, 2014

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NORMAN WELLS, NT
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Phone (867) 587-3650
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Sahtu Health Social Services Authority

MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING

The accompanying financial statements have been prepared by management, which is responsible for the reliability, integrity and objectivity of the information provided. They have been prepared in accordance with generally accepted accounting principles, unless otherwise indicate in the notes to the financial statements. Where necessary the statements include amounts that are based on informed judgments and estimates by management, giving appropriate consideration to reasonable limits of materiality.

In discharging its responsibility for the integrity and fairness of the financial statements and for the accounting systems from which they are derived, management maintains the necessary systems of internal controls designed to provide assurance that transactions are authorized, assets are safeguarded and proper records are maintained. These controls include quality standards in hiring and training employees, written policies and procedures manuals, and accountability for performance within appropriate and well-defined areas of responsibility. The Authority's management recognizes its responsibility for conducting the Authority's affairs in accordance with the requirements of applicable laws and sound business principles, and for maintaining standards of conduct that are appropriate.

The Auditors annually provide an independent, objective audit for the purpose of expressing an opinion of the financial statements in accordance with generally accepted auditing standards. The auditor also considers whether the transactions that come to her notice in the course of this audit are, in all significant respects, in accordance with specified legislation and directives from the Department of Health and Social Services, Government of the Northwest Territories.

Arthur Bungay, CMA
Director of Finance and Administration

June 26, 2014

Sahtu Health & Social Services Authority

Statement of Operations

For the year ended March 31, 2014

	2014 Budget (unaudited)	2014 Actual	2013 Actual
REVENUE			
Territorial Operating Advance (Schedule A)	$ 12,025,000	$ 11,945,618	$ 11,593,631
Other Recoveries (Schedule B)	103,200	169,377	107,831
Other Revenues (Schedule C)	1,533,056	1,022,382	1,084,609
Non-insured Health Benefits (Schedule E)	240,000	114,445	245,663
Investment Revenue	15,000	17,891	16,460
	13,916,256	**13,269,713**	**13,048,194**
EXPENSES			
Administration (Schedule D)	1,828,041	1,858,083	1,473,701
Ambulatory Care Services (Schedule D)	945,000	865,618	785,631
Community Health Services (Schedule D)	7,920,566	7,812,764	7,955,664
Social Services (Schedule D)	2,433,188	2,367,117	2,492,326
Education (Schedule D)	549,461	408,736	178,486
Non-Insured Expenses (Schedule E)	240,000	114,445	245,663
	13,916,256	**13,426,762**	**13,131,471**
OPERATING SURPLUS (DEFICIT)	-	**(157,049)**	**(83,277)**
Unfunded Items			
Change in employee leave and termination benefits (Note 3)		66,225	136,820
ANNUAL SURPLUS (DEFICIT) Before the Following		(90,824)	53,544
Amortization of Building & Equipment	257,577	216,129	257,577
Grant-in-Kind - GNWT Assets provided at no cost	(257,577)	(216,129)	(257,577)
ANNUAL SURPLUS (DEFICIT)	-	**(90,824)**	**53,544**
Opening Accumulated Surplus	-	(837,273)	(753,997)
Closing Accumulated Surplus	-	(994,322)	(837,273)

Sahtu Health & Social Services Authority

Statement of Financial Position

As of March 31, 2014

	2014	2013
FINANCIAL ASSETS		
Cash	134,213	312,764
Accounts Receivable (Note 5)	804,974	916,424
	939,187	1,229,188
LIABILITIES		
Accounts Payable (Note 6)	1,173,082	945,576
Wages & Benefits Payable - GNWT	281,275	624,486
Employee Leave and payroll related Liabilities (Note 3)	655,893	589,668
	2,110,250	2,159,730
Net Financial Assets/(Debt)	(1,171,063)	(930,541)
Non-Financial Assets		
Inventory (Note 9)	174,450	82,403
Prepaid Expenses	2,290	10,865
	176,740	93,268
Accumulated Surplus/(Deficit)	(994,322)	(837,273)

Approved:

Chairperson

Chief Executive Officer

SHSSA 2014-16 STRATEGIC PLAN

We have heard from community members, staff, and leadership that as an organization we need to rethink and redesign how to support health and social wellbeing for people living in the five communities of the Sahtu. To do this, we have created a new Strategic Plan that leads us in transforming how we provide care for Sahtu residents.

The Board of Trustees of SHSSA initiated this transformation by first sharing their own personal stories of discovering wellbeing, including overcoming abuse and addictions, taking charge of their health, and considering the long term needs of the people they loved. Their stories were as unique as they are similar. Their stories speak of the strength of resolve that had to come from within each person. The support they needed to change came from health and social services personnel who provided options more than advice. Staff that made a difference demonstrated genuine care by working to understand what mattered most to them as individuals. Listening, more than talking, was key.

SHSSA Board Members and Senior Leadership Team
Back: Michael, Danny, Mimi, Patricia, Irene, Art. Middle: Brenda, Marilyn
Front: Margaret, Helen, Nicole, Alphonsine, Ida.

SHSSA Board of Trustees developed the following Mission Statement and Guiding Principles to direct the transformation in care that they want to see in practice.

MISSION STATEMENT

PEOPLE, FAMILIES AND COMMUNITIES OF THE SAHTU ARE MENTALLY, EMOTIONALLY, SPIRITUALLY, PHYSICALLY AND CULTURALLY HEALTHY.

Guiding Principles:

- Care and services based on relationships with people and families.
- Care and services provided where individual is at – Bring care to the people.
- Care and services as an integrated team based on needs of patient and family.
- Care that respects culture.
- Care and services delivered through partnerships with individuals, families, community agencies and communities.
- Provide people with options – support self-management.
- Healthy staff is in a better position to provide relationship based care.
- Have useful measures to monitor if what we are doing is making a difference in the health and social wellbeing of Sahtu people.

The Guiding Principles are central to our new Strategic Plan and set the foundation for working towards and measuring successful health and wellness outcomes.

To support this transformation, and as a reminder of the power of relationships and the value of working as an integrated team, we created a fictional story about 'Esther' and her family. By asking ourselves, "Is this best for Esther and her family?" we focus on her and her family's needs. Our program and service decision-making starts, by "taking a walk in Esther's shoes".

Our next step was to set three priorities for measureable improvements in services and health. After reviewing the key recommendations of several local and territorial reports, and local knowledge of the main issues facing Sahtu residents, the SHSSA Board set the following priorities for 2014 to 2016 to achieve our Mission:

By March 31, 2015, 50% of people and families are highly satisfied with care and services through home care.

- Move away from care based on task to care based on relationships
- Move from frustration with services to satisfaction with care and services
- Reduce barriers to accessing home and community care to services based on assessed needs
- From inflexible services to flexible services

By March 30, 2016, people in Sahtu, who want to deal with their addictions, rate SHSSA care and services as very good or excellent.

- Care and services were available to me where I was at
- I was a full partner in my care
- My culture was acknowledged and supported
- I was given options that helped me get better

By March 31, 2016, people in Sahtu with, or at risk for, diabetes will experience improvement in their health by 50% of baseline.

- 50% fewer newly diagnosed with diabetes
- 50% more people with diabetes are successfully self-managing their disease

We look forward to sharing our Strategic Plan progress, learning, and outcomes with you.